PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10804445

(Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY	
TO	TAL CLAIMS		21					RATE	FEE	٦	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	+	OR	BASIC FEE	770.00
TC	TAL CHARGE	ABLE CLAIMS	2 7min	nus 20= *	• 12			Ve o	<u> </u>	1	X\$18=	211
<u> </u>			1 1					X\$ 9=	ļ	OR	`	317
	EPENDENT CI		minus 3 =					X43=		OR	X86=	·
MULTIPLE DEPENDENT CLAIM PRESENT								+145=		OR	+290=	
* If the difference in column 1 is less than zero, enter "0" in column 2							'	TOTAL		OR	TOTAL	OPN
CLAIMS AS AMENDED - PART II								OTHER THAN				
_		(Column 1)	(Column 2) HIGHEST			(Column 3)		SMALL		OR	SMALL	
AMENDMENT A		REMAINING AFTER AMENDMENT		NUMBE PREVIOU PAID FO	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	• .	=		X43=		OR	X86=	
	FIRST PRESE	<u> </u>	+145=		OR	+290=						
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT, FEE	
		(Column 1)			ADDII. PEE				-			
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMBE PREVIOU PAID FO	R ISLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		= .	l t	X43=			X86=	
۸.	FIRST PRESENTATION OF MULTIPLE DEPEN				LAIM		l	,,,o=		OR		
								+145=		OR	+290=	•
		• .					TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE		
		(Column 1) (Column 2) (Column 3)							• . • • •			•
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMBE PREVIOU PAID FO	R	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
ME	Independent	*	Minus	***		=		X43=		OR	X86=	
`	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									Un		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+290=	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										OR ,	TOTAL ODIT, FEE	
		ber Previously Paid					r four	nd in the app	ropriate box	in coli	ımn 1.	